

## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**St Vincent Carmel Hospital**City: Carmel County: Hamilton Year: **2004**

Provider Type: General Acute Hospital

<b>I. Inpatient Care</b>				
<b>Hospital Service Description</b>	<b>Number of Set Up Beds</b>	<b>Number of Discharges</b>	<b>Number of Patient Days</b>	<b>Average Charge Per Discharge</b>
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	10	190	1,820	\$16,841
ICU Neonatal	8	172	996	\$11,337
ICU Pediatric	0	0	0	\$0
Medical/Surgical	71	4,444	15,972	\$3,120
Neonatal Intermed	0	0	0	\$0
Obstetrics	21	1,243	2,916	\$1,836
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	110	6,049	21,704	NA
Normal Newborn	14	1,067	2,562	\$1,882

<b>II. Outpatient Visits</b>			
Circulatory System	1,146	Digestive System	4,038
Endocrine System	792	Injuries and Poison	7,479
Mental Disorder	299	Musculoskeletal	5,928
Neoplasms	1,273	Nervous	2,564
Respiratory	2,565	Urinary	1,990
Other/Unknown	14,298	Total Visits	42,372
Number of Visits to Emergency Department			17,648
Percent of Emergency Department Visits of Total Visits			41.7%

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
N - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	Y - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
Y - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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